

PLACE OF BIRTH

1. County of Siila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
County Registrar No. 62
Local Registrar No. _____

No. 712 Nash Ave
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Candelario Flemate
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Feb. 2 - 1927
Month Day Year

8. FATHER
Full name Modesto Flemate
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) Zacatecas
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Inez Gonzalez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Zacatecas
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 2 A. m. on the date above stated
(Born alive or stillborn.)
Signature Leyril M. Brown M.D.
Address Miami, Arizona
(Physician or midwife.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report _____
Month, day, year _____
Filed Feb 7, 1927
Local Registrar Le. E. Dwyer

Registrar _____

Filed _____, 19____

County Registrar _____

365-202-977